

# 2017



## **Grant County Health Department**

"Protecting Public Health in Grant County for 82 years"

- TO:** The Honorable Chairman, Robert Keeney and the Members of the Grant County Board of Supervisors
- FROM:** The Staff of the Grant County Health Department and the Members of the Board of Health
- RE:** Report of the Grant County Health Department Programs and Services for 2017

The work and efforts of a dedicated staff and Board of Health are reflected in this report. A special thank you to Dr. Meena Maski, the Grant County Board of Supervisors, Personnel Department, Finance Director, Sheriff's Office, Emergency Management, Area Healthcare Providers, SW Community Action Program, SW WI Workforce Development Board, Unified Community Services, Wisconsin Department of Health Services and our other partners in public health not mentioned above.

The mission of the  
**Grant County Health Department**  
is to promote  
the health and wellness  
of  
ALL residents  
of  
Grant County.

“Everyone Living Better, Longer”



### **Ten Essential Services**

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal healthcare workforce.
9. Evaluate effectiveness, accessibility, and quality of personnel and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## **State and Local Health Goals**

Improved Health Across the Life Span  
Eliminate Health Disparities and Achieve Health Equality

## **2020 Health Plan Focus Areas**

Identify and Address Health Disparities  
Examine and Assess Social, Economic and Education Factors that Influence Health  
Improve Access to High Quality Health Services  
Form Collaborative Partnerships for Community Health Improvement  
Create and Maintain a Diverse, Sufficient, and Competent Workforce that Promotes and Protects Health  
Ensure Capabilities that Promote Emergency Preparedness, Response, and Recovery  
Secure Equitable, Adequate, and Stable Public Health Funding  
Improve the Health Literacy of the Public and Our Partners  
Ensure Public Health Capacity and Quality of Services  
Conduct research for New Insights and Innovative Solutions to Health Problems  
Support Systems to Manage and Share Health Information While Protecting Privacy  
Assure Adequate, Appropriate, and Safe Food and Nutrition  
Reduce Alcohol and Drug Abuse  
Prevent and Manage Chronic Illness  
Control and Prevent Communicable Diseases  
Improve Environmental and Occupational Health  
Promote Health, Growth and Development  
Reduce Injuries and Violence  
Improve Mental Health  
Improve Oral Health  
Increase Physical Activity  
Promote Reproductive and Sexual Health  
Reduce Tobacco Use

## **Department Overview**

In 2017, the Grant County Health Department administered over 20 programs, managing multiple grants and contracts with the State and other agencies. Additionally, we manage several multi-county regional programs. Staffing includes the following:

**Full Time:** 24  
**Part Time:** 2 *(that do not receive full benefits)*  
**LTE Staff:** (1) *Certified Nursing Assistant* (1) *Nurse Practitioner*  
(1) *Hospice Spiritual Counselor*  
**Direct Contracts:** 7 [(1) *SAFE Coalition Coordinator* (1) *Hospice Medical Director*, (1) *Associate Hospice Medical Director*, (1) *Pharmacist*, (1) *Breastfeeding Peer Counselor*, (2) *Translators*]  
**Other Contracts:** >~100 *individual contracts for services or to provide services*  
**Volunteers:** ~8 *Hospice*, 1 *PH Medical Director*, >10 *for DFC Coalition*  
**Staff Professions:** *Includes: Registered Nurses, Nurse Practitioner, Certified Nursing Assistants, Registered Sanitarians, Registered Dietitian, Social Worker, Speech Therapist, Dentists, Pharmacist, Medical Doctors, Physical Therapists and Occupational Therapists.*

The 2017 operating budget was approximately 2.74 million dollars. Approximately 2.34 million dollars was anticipated from sources other than the local tax levy, making the health department largely funded by State, Federal, grant, and fee for service sources.

In 2017, four programs were supported directly, but not entirely, by county levy funds. The vast majority of levy is used to provide public health and environmental health services which are mandated by the State. The remaining program provides limited personal care services and childhood health services including developmental screening.

All programs are supported by levy funds through basic infrastructure, administration, and other ancillary activities (see the Sequoia Consulting Group Report).

## **Highlights and Challenges in 2017**

Health department staff continued its participation in LEAN Government and/or Quality Improvement projects in 2017. Incorporating data driven decision making with a continuous improvement mentality has become the standard in the health department. The Department also assisted with projects at the Grant County Sheriff's Office and Grant County Emergency Management. The Health Officer was also trained to facilitate LEAN projects as well. Lean projects in 2017 included working on improving patient outcomes in Home Nursing and Hospice and improving documentation. We also worked on projects relating to managing paid leave and improving immunization documentation.

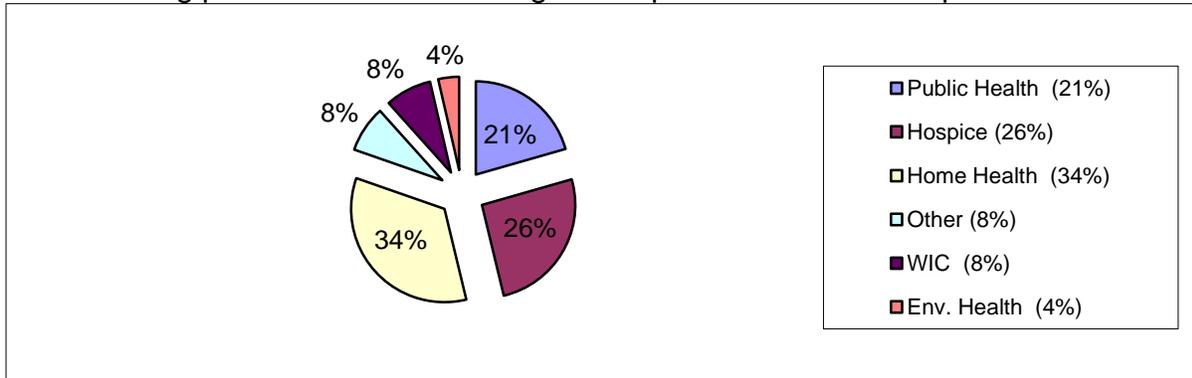
A twelfth grant from the Wisconsin Department of Transportation was also obtained to provide child passenger safety seats to low income families. Funding was also secured to continue substance abuse prevention activities though the entire year. Additionally, staff participated in the recently formed Criminal Justice Coordinating Council (CJCC) and the Southwest CAP Behavioral Health Grant including sitting on each of their Boards.

In 2017, communicable disease activity increased significantly once again. The total number of reports increased by 35% with notable increases in sexually transmitted diseases, mumps, pertussis, hepatitis C and Lyme disease.

Some challenges for 2017 included further regulation updates that required major policy and plan revisions as well as many new ongoing requirements and activities. The department is also nearing the depletion of funding used to cover certain unfunded mandates, and organizational changes have accelerated financial challenges for the department moving forward. Three neighboring jurisdictions that participate with Grant County in shared services and mutual aid also lost their Health Officers due to resignation or retirement.

## Major Programs by Expense

The following pie chart illustrates budgeted expenses within the department for 2017.



## Health Department Program Overviews

### Public Health

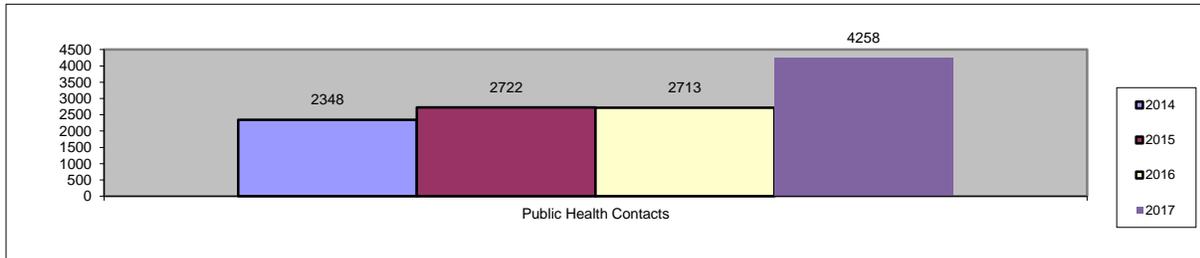
Public Health programs focus on prevention efforts and improving the health of the community. Monitoring health indicators such as immunization rates, disease incident rates, causes of injury or death, and health behaviors are important. Using data allows resources to be directed toward the areas of greatest need. Improving community health also requires public and private partnerships to create programming or to utilize existing resources to create positive changes without duplicating efforts. A system based approach to addressing the public health needs generally provides the best outcomes.

Local health departments provide many mandated services including the control of communicable disease, investigating and resolving human health hazards, health promotion programming, education outreach, and chronic disease prevention efforts.

Health promotion and education campaigns are used to both respond to changing needs and to promote health improvement. Press releases, social networking and website efforts, newsletters, classes, and outreach at community events are some of the tools that are used. Communication and coordination with our partners, key stakeholders, and the public are also used to educate and to help initiate changes as well. Some examples of programming include:

- 1) Health Checks (and related services)
- 2) Immunizations
- 3) Injury Prevention Programming
- 4) Communicable Disease Control
- 5) Providing Health Education and Information on Emerging Health Related Issues
- 6) Emergency Responses

Below is the number of contacts for our Public Health staff. It should be noted that the increase in communicable disease reports caused much of the increase in the number of contacts for 2017 as each case required follow up activities.

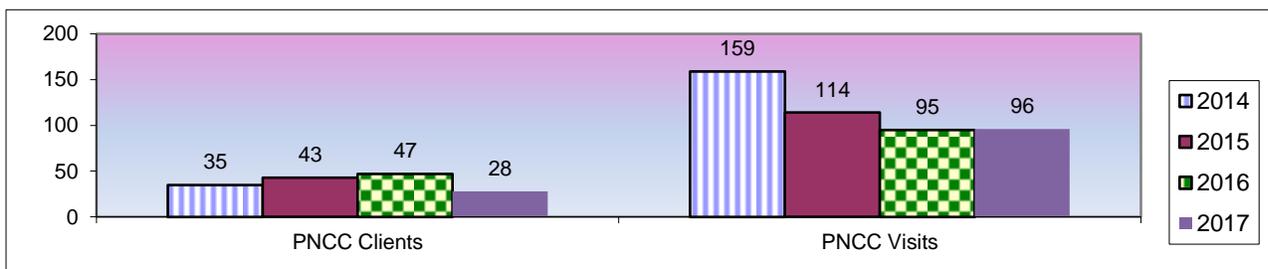


## Prenatal Care Coordination (PNCC)

The PNCC program identifies and coordinates care for women with increased risks for complications during pregnancy. Although all high risk pregnant women are offered some level of service, the program targets lower income individuals. Our Public Health Nurses ensure linkages with other providers and programs dedicated to improving birth outcomes. This reduces health care costs and prevents many life-long problems.

Education is provided on various topics including: breastfeeding promotion, safety, nutrition, pregnancy related physiological and emotional changes, infant care, and parenting skills. Nurses assess for the possibility of risks including the potential for physical and mental abuse, unsafe environments, as well as screen for alcohol, drug, and tobacco use during pregnancy. If these or other risks are present, they develop personalized care plans that promote change such as discontinuing unsafe behaviors. Plans can also include providing referrals to professional counseling or other agencies when necessary.

PNCC also provides assistance in enrolling in other health department programs such as Women, Infants and Children (WIC) and Health Check.



# School Health

The Grant County Health Department provides nursing services to the following schools:

Cassville Elem. /HS	St Charles (Cassville)
Cuba City Elem. /HS	St Clements (Lancaster)
Potosi Elem. /HS	Holy Ghost (Dickeyville)
RiverRidge Elem. /HS	Immaculate Conception (Kieler)
St. Mary's (Bloomington)	St. Joseph (Sinsinawa)
St. Rose (Cuba City)	Christian Day School
Amish/Mennonite Schools	

Services can include:

- General health information
- Assistance with managing health related issues such as lice, bed bugs, etc.
- Medication management assistance
- Health plan and policy development
- Vision and hearing screenings for selected grades, including rechecks and referral to appropriate health care providers as needed
- Immunization clinics for children and staff
- Follow-up on immunization requirements for entry to school
- Health resources and presentations for teachers, staff, students and parents
- Training for school staff

Meetings are held to educate and coordinate activities between our public health nursing staff and school nurses employed directly by the schools (for those that have them). Additionally, some limited support is provided to schools with their own nursing staff to help out with their efforts or to provide services that we are required to assist them with. Schools located in Boscobel, Fennimore, Lancaster, Platteville, and Muscoda (Riverdale) receive these services. All schools are offered the opportunity to participate in our dispensing exercises which test our ability to rapidly distribute vaccines in the event of an emergency.

In 2017, discussions began with expanding services in Amish and Mennonite schools.

A total of 587.5 nursing hours were spent relating to school health not including immunization exercises or communicable disease control efforts. In addition, 4,109 miles were traveled by nurses relating to school health services. In 2016, 597 hours of nursing time were dedicated to schools and 4,833 miles were traveled. Public health aide time and administration time are not included in this total (as these hours are not specifically kept track of).

# **WIC (Women, Infants and Children) Program**

The Women, Infants and Children (WIC) program is a supplemental nutrition program serving lower income families with children up to age five. The program also promotes and helps maintain the health and well-being of nutritionally at-risk pregnant, breastfeeding and postpartum women, infants, and children. WIC encourages and supports breastfeeding with incentives, education, and peer counseling. There were 257 participant consultations with our breastfeeding peer counselor in 2017. WIC also provides access to fresh fruits and vegetables with a farmer's market program.

Health benefits relating to WIC participation include reduced:

- Premature births
- Low birth-weight babies
- Long-term medical expenses

In 2017, an average of 730 individuals was served per month. In 2017, WIC families spent a total of \$399,307.91 at eleven Grant County grocery stores. Farmer market benefits were available in 2017 as well with three area markets and six individual farm stands for a total of nine vendors.

For comparison, an average of 784 individuals was served per month and a total of \$433,465.43 was spent in 2016.

## **Health Check and Other Services**

The Health Check Program provides both individual services and comprehensive examinations of children aged birth to 21 years. A complete health check includes:

- |   |                        |                             |
|---|------------------------|-----------------------------|
| <i>* Head to Toe Physical Exams</i>         | <i>* Immunizations</i> | <i>* Fluoride Varnishes</i> |
| <i>* Growth and Development Assessments</i> | <i>* Mouth Exams</i>   | <i>* Lab Tests</i>          |
| <i>* Nutritional Screening</i>              | <i>* Eye Exams</i>     | <i>* Blood Lead Testing</i> |
| <i>* Other Screenings</i>                   |                        |                             |

Health Check screenings, lead testing, and immunizations are offered at most clinics to compliment the WIC program. As part of our health check services, 328 blood lead screenings were completed for children in Grant County. In comparison, 397 blood lead screenings were done in 2016. In 2017, 8 comprehensive health checks were completed. There has been a recent increase of requests for comprehensive health checks.

We also checked and/or installed 102 child passenger safety seats (providing some seats at no charge to low income families through a Wisconsin Dept of Transportation grant).

## **Jail Health**

Two nurses from the Grant County Health Department have received extensive training and continuing education on topics relating to the provision of jail health services. These nurses staff the Grant County Jail providing onsite care three days a week (Monday, Wednesday, and Friday). In addition, the jail is included in our “intake” system and “on call” rotation allowing our department to provide services as needed ensuring complete coverage 24 hours a day, 7 days a week including holidays.

The nurses coordinate with the jail staff, health care providers, and state inspectors to provide necessary care in as efficient and cost effective manner as possible. This system of providing nursing services on demand has met needs and continued to save thousands of taxpayer dollars each year.

In 2017, 1,278 hours of nursing time was provided to the jail. This is an increase compared to 2016 when 961.25 hours of nursing time was provided to the jail. In addition, 2,803 miles were traveled to provide jail health services in 2017 compared to 2,620 in 2016.

Planning is occurring in 2018 to increase nursing services to 40 hours per week on site at the new jail and continued 24/7 on call services once it opens likely in 2019.

## **Wisconsin Well Woman Program (WWWP)**

Grant County Health Department supported the WWWP for women ages 45-64 years of age meeting specific income requirements. Well Woman pays for mammograms, Pap tests and certain other health screenings. Early detection of breast or cervical cancer can greatly improve outcomes and significantly reduce the cost of treatment as well as shorten recovery times.

## **Immunizations**

As indicated by the continuation of Mumps and other outbreaks, challenges remain in ensuring that vaccination rates are high enough to prevent the sustained transmission of vaccine preventable diseases in the county. Unfortunately, vaccination rates among two year olds are in the 50-60% range far below the recommended 90% range. Adolescent immunization rates are also lower than desired and waiver rates remain high throughout Wisconsin and our county as well.

Grant County has continued its membership with the Southern Wisconsin Immunization Consortium (<http://www.rwhc.com/SWIC.aspx>) in an effort to increase immunization rates.

In 2017 immunizations were offered at many locations throughout the county including all WIC / Health Check Clinics and vaccine was also available at the Health Department office, Grant County schools, and limited vaccines were available in businesses as well. Many vaccines are provided at no charge while others are billed at minimal expense.

Below are the totals of vaccinations given by the Grant County Health Department in 2017. It is important to note that changes in the allowable use of State supplied vaccines in 2012 and the continued expansion of the use of combined vaccines have made comparisons to previous year's statistics more complex and reduced the number of immunizations given.

Number of Doses of Vaccine	2012	2013	2014	2015	2016	2017
DTaP - Diphtheria/Tetanus/Pertussis	58	83	69	75	88	79
DTaP/Hib/Polio (Pentacel)	322	2	1	0	0	0
DTaP/Polio (Kinrix)	197	103	98	92	80	83
DTaP/HepB/Polio (Pediarix)	23	196	213	216	215	190
Polio	14	21	30	45	39	25
MMR - Measles/Mumps/Rubella	339	204	131	165	96	105
MMR - Varicella (Proquad)	0	0	82	102	77	83
Hepatitis A (pediatric)	153	103	91	101	120	101
Hepatitis B (pediatric)	211	26	13	26	15	8
Td - Tetanus/Diphtheria	28	9	5	13	12	21
Tdap (Adacel & Boostrix)	1170	354	348	526	432	389
Hib - Haemophilus Influenza type B	53	240	252	247	252	239
HPV (Gardasil)	212	71	75	617	530	276
Varicella (Chickenpox)	607	230	111	93	78	79
Prevnar 13	323	241	260	247	254	222
Meningitis	213	71	90	409	399	237
Rotavirus	118	92	88	77	122	91
Influenza - Seasonal	4232	4524	4207	3901	3247	3221
Pneumonia-Prevnar 13	49	26	33	30	34	16
Pneumo-Poly 23	-	-	-	-	4	4
Twinrix (Hep A/Hep B)	10	0	1	0	0	0
Hepatitis A (adult)	20	21	15	13	30	15
Hepatitis B (adult)	91	69	48	88	56	37
Shingles (Zostavax)	2	0	1	0	0	0
<b>Total</b>	<b>8445</b>	<b>6686</b>	<b>6262</b>	<b>7083</b>	<b>6180</b>	<b>5521</b>

## Communicable Disease Follow-Up

Local public health departments are required to complete follow-up activities with individuals having or suspected to have illnesses as identified in Wisconsin State Administrative Rule Chapter DHS 145, "Control of Communicable Diseases". Public Health staff continues to educate individuals about illnesses and encourage or ensure treatment (if needed). Steps are also taken to control and reduce the spread of disease. Telephone calls, letters, and/or face-to-face contacts are used to gather and distribute information.

In 2017, communicable disease activity increased significantly once again with the total number of reports increasing by 35%. Both chlamydia and gonorrhea reports increased approximately 50%. Other notable increases include mumps, pertussis, hepatitis C and Lyme disease.

Below is a summary of communicable diseases that were reported to the Grant County Health Department in 2017 (It should be noted that not all cases were confirmed, many reports end up not being actual cases).

### **Communicable Diseases**

(January 1 - December 31, 2017)

According to Wisconsin State Statute 252, any individual with knowledge or reason to believe that a person has a communicable disease must report to their local health department. This includes physician, nurses, lab workers, teachers and the general public. The Grant County Health Department has received the following reports of illness. Staff has completed follow-up on these reports and appropriate action has been taken.

<b>COMMUNICABLE DISEASES</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Arboviral Illness	2	1	2	2	1	4
Babesiosis	-	-	-	-	2	0
Blastomycosis	1	0	0	2	1	0
Brucellosis	1	1	0	0	0	2
Campylobacteriosis	23	31	33	23	31	32
Cryptosporidiosis	18	10	17	15	29	24
Cyclosporidiosis	0	3	0	1	0	1
Ebola (monitoring only)	-	-	1	0	0	0
E.Coli	8	4	5	8	19	23
Ehrlichiosis	4	3	2	8	11	10
Giardiasis	2	5	5	0	3	5
Hepatitis C	8	11	13	13	26	45
Hepatitis E	-	-	-	-	1	0
Histoplasmosis	1	0	1	1	0	0
Influenza-Associated Hospitalization	3	19	13	21	20	31
Invasive Hemophilus Influenza	0	0	3	1	1	0
LaCrosse Encephalitis	0	1	0	0	1	0
Legionella	0	2	1	0	1	0
Lyme Disease	40	35	55	46	57	81
Metal Poisoning (Non-Lead)	1	0	1	7	5	2
Methemoglobinemia	-	-	-	-	-	2
Methicillin or Oxicillin Resistant Staph	-	-	-	-	-	1
Mycobacterium (Non TB)	5	3	5	3	5	5
Meningitidis, Aseptic Viral	0	0	1	0	0	0
Meningitis, Bacterial	-	-	-	-	4	1
Novel Strain Influenza	-	-	-	-	1	0
Parapertussis	1	0	0	0	1	0
Q Fever	0	1	0	3	4	2
Rocky Mountain Spotted Fever	1	0	0	0	0	1
Salmonellosis	11	11	20	13	4	7
Shigellosis	0	0	0	1	2	2
Strept All Types	3	3	6	6	3	8
Toxic Shock Syndrome	2	1	1	0	0	2
Transmissible Spongiform Encephalopathy	1	2	0	0	0	0

Trichinellosis	-	-	-	-	1	0
Tuberculosis	2	2	1	0	2	2
Tuberculosis Latent	3	5	2	1	2	6
Tularemia	-	-	-	-	5	2
Vancomycin-Resistant Enterococci	0	0	0	1	4	0
West Nile Virus	-	-	-	-	1	0
Yersiniosis	-	-	-	-	1	1
Zika Virus	-	-	-	-	4	4
<b>TOTALS</b>	<b>141</b>	<b>154</b>	<b>188</b>	<b>176</b>	<b>253</b>	<b>306</b>

<b>VACCINE PREVENTABLE DISEASES</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Chickenpox	11	8	13	8	4	10
Hepatitis A	0	1	0	1	3	3
Hepatitis B	2	5	2	8	3	5
Hib	1	0	0	1	1	0
Measles (Rubeola)	0	1	3	5	1	1
Mumps	1	1	1	54	37	52
N. Meningitidis	2	1	0	1	0	1
Pertussis	93	8	8	23	16	38
Rubella	0	1	0	0	0	0
<b>TOTALS</b>	<b>110</b>	<b>26</b>	<b>27</b>	<b>93</b>	<b>65</b>	<b>110</b>

<b>SEXUALLY TRANSMITTED DISEASES</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Chlamydia	132	128	114	135	129	194
Gonorrhea	9	11	9	28	12	17
Syphilis	2	2	2	3	3	1
<b>TOTALS</b>	<b>143</b>	<b>141</b>	<b>125</b>	<b>166</b>	<b>144</b>	<b>212</b>

## **Public Health Preparedness and Response**

During 2017, Grant County Health Department continued to prepare for public health emergencies through extensive planning, training, and testing efforts. Work continued on emerging disease and patient evacuation. We continued to test mass clinic plans by conducting immunization exercises in all of the county schools and planned and exercised with the regional health care coalition as well.

We also updated plans based on findings from exercises, new information, and lessons learned. Due to new federal requirements, the health department now works more closely with hospitals, long-term care facilities, and other health agencies in our collective preparedness planning. We also sit on the Board of Directors of the regional health care coalition as the alternate local public health representative. A total of six exercises were conducted in 2017 with two each in public health, hospice, and home nursing.

## Environmental Health (EH) Programs

Grant County leads the Southwest Wisconsin Environmental Consortium. Members of the consortium include Grant, Crawford (limited participation), Lafayette, Iowa, Richland, and Vernon counties. As a result we respond to human health hazards such as vermin infestations, sewage or other waste problems, water and air quality issues, or public health nuisances which may endanger the safety, health, or well-being of the public.

Local health departments are required by state statute to respond to human health hazards and by local ordinance to respond to public health nuisances. Additionally, health departments are required to investigate lead poisoning cases. Most complaints received by the local health departments are related to environmental health issues and include both public health nuisances and human health hazards. In 2017 a decrease in responses to methamphetamine labs was noted.

Grant County Health Department is also a Radon Information Center (RIC) serving a six county region. Radon is a naturally occurring gas that is considered to be the second leading cause of lung cancer in the U.S. The RIC provides free consultation and radon test kits to homeowners. In 2017, a total of 513 radon test kits were distributed in the 6 county region.

Below are the EH total contacts for 2011 through 2017:

<i>Number of Contacts</i>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Water	157	184	152	139	122	156	75
Air Quality	213	216	206	160	171	199	233
Asbestos	153	196	151	142	149	119	79
Hazardous Materials	0	2	0	0	1	0	0
Lead Hazards	161	141	114	93	88	151	86
Radiation Hazards	183	180	208	174	132	181	127
Housing	218	130	198	159	151	139	144
Rabies	117	101	114	114	106	108	116
Sewage	143	217	161	146	166	133	93
Solid Waste	179	202	180	155	181	139	102
Insects/Rodents/Animal Problems	132	170	146	116	118	109	79
Home Inspections	261	281	359	282	151	248	261
<b>Totals</b>	<b>1917</b>	<b>2020</b>	<b>1989</b>	<b>1680</b>	<b>1536</b>	<b>1682</b>	<b>1395</b>

## Tobacco-Free Coalition

In 2017, the Grant County Health Department continued a partnership with resources being provided by Family Services of Southern Wisconsin and Northern Illinois, Inc. The Multi-jurisdictional Tobacco Coalition provided tobacco control and coordination services to Grant, Iowa, and Lafayette Counties. The coalition focus continued on tobacco use among disparate groups, E-cigarettes and smoking in multi-family housing.

## **S.A.F.E. Grant County Coalition**

The S.A.F.E. Grant County Coalition promotes responsible behaviors to reduce/prevent substance abuse and other risky behaviors (such as bullying and suicide) among youth/adults in Grant County. The Grant County Board approved the use of the remaining carryover funding in 2017 and some additional funding was obtained through Unified Community Services. In 2017, our coalition continued focus on prevention/reduction of the use of heroin and methamphetamine.

S.A.F.E. also continued collaborations with the SWCAP Behavioral Health Partnership grant project, Treatment and Teen Court programs, and prevention activities with Unified Community Services. Unfortunately, funding for this program was depleted in 2017 and it is no longer staffed.

## **Consolidated Grants**

The Wisconsin Department of Health Services has continued to provide state and federal grant funds to local health departments in a pass through process called Consolidated Contracts. The following programs are examples of services provided using these funds:

**Maternal & Child Health** –The 2017 focus was on adolescent transportation injury reduction using the Teen Driving Plan (TDP) <http://www.chw.org/childrens-and-the-community/injury-prevention-and-wellness/teen-driving/>

**Lead** – Promotes blood lead screening of children and follow-up services for children with elevated lead levels (using Grant, Iowa, Lafayette, Richland, and Vernon County funding allocations)

**Radon** – Provides testing, education, and consultation services for residents regarding the risk of radon. (Grant, Iowa, Lafayette, Richland, Vernon, and Crawford counties funds)

**WIC (Women, Infants & Children)** – Provides education and nutrition services, access to healthy foods, and referrals to services for pregnant women and children up to age five who meet the income guidelines.

**Immunizations** – Funds are used for maintaining records and for entering information into Wisconsin Immunization Registry (WIR) as well as to help ensure that children are up to date on immunizations.

**Public Health Preparedness and Response** – Federal funds provided for training and planning responses to natural and man-made public health emergencies. This is done in conjunction with Emergency Management, Law Enforcement, Fire Depts, and health care providers as well as other partners.

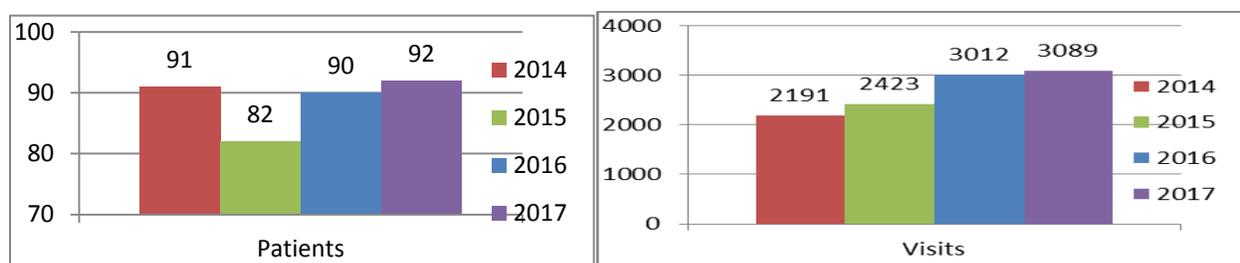
**Prevention** - Provides some limited funding for environmental health services.

## Hospice

Hospice care focuses on medical and personal comfort for people in the last months of their lives. Hospice provides comfort care so clients can live as fully as possible until the end of life. Hospice also provides support services to clients' families as well as bereavement services for at least 13 months following the clients' death.

In 2017, 92 clients were served on the Grant County Hospice Program. These clients received 3,089 visits from a multi-disciplinary support team that includes registered nurses, social workers, hospice aides, nurse practitioner and therapist. Clients choose hospice care when their physician certifies that they are terminally ill and they are no longer seeking active treatment for their illness.

A comparison of patients and visits is noted below:



## Home Nursing

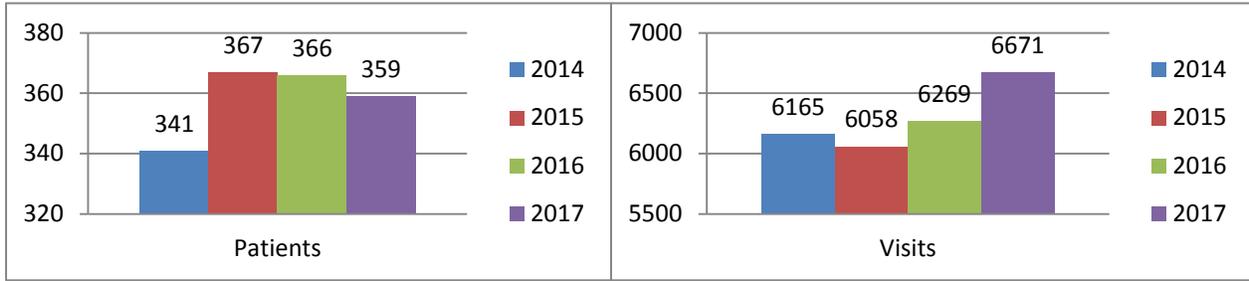
In 2017, 359 clients received services from the Grant County Health Department. These clients received a total of 6,671 visits from the Department. These visits are provided by nurses, physical therapists, occupational therapists, speech therapists and home health aides. These services are paid for by Medicare, Medical Assistance, private insurance, Medicare replacement policies, private pay and family care. No one is denied service because of inability to pay.

The Department provides physical, occupational and speech therapy services through contracts with all three hospitals in our county. This allows the therapy services to be provided by a therapist who is in their area.

Four clients received personal care only services in 2017 with 51 visits made to these clients by our home health aides. These clients receive assistance with bathing, hair care, skin and nail care. These clients also receive a supervision visit from our nurses every 50 to 60 days. In 2017, 15 nursing visits were made to these clients. These services are covered by Medical Assistance, private pay or private personal care agencies.

In 2017, our Home Nursing program received a cite-free survey from the State and it has also received a patient satisfaction awards in 2013 and 2016.

A comparison of Home Nursing patients and visits is noted below.



## Board of Health Members

Grant Loy, Chair  
 Carol Beals, Vice Chair  
 Ronald Coppernoll, Secretary  
 Dwight Nelson  
 Daniel C. Timmerman

Meena Maski, MD  
 Neil Martin, MD  
 Mary K Logemann, RN, BSN  
 Matt Andrews, DDS

The persons listed below are directly responsible for the activities and programs noted in this report. Their dedication and commitment to the residents of Grant County is evident in the quality of the services provided to our communities.

## Health Department Staff

Jeff Kindrai, MSPH, RS, Director/Health Officer  
 Amy Miller, RN, BSN, Assistant Director  
 Deb Udelhoven, Administrative Assistant

Amy Belscamper, Fiscal Clerk  
 Brenda Cullen, CNA  
 Casey Gradel, RN, BSN  
 Holly Muench, RN  
 Jessica Schuler, RN, BSN  
 Kessa Klaas, RN, BSN  
 Kim Pribnow, RN, BSN  
 Lorna Wolf, Billing Clerk  
 Mareeta Kolman, SW  
 Mary Allen, Admission Specialist  
 Meena Maski, MD, Medical Director  
 Michelle Farrell, Contract Pharmacist  
 Mike Parks, Speech-Language Pathologist  
 Rebecca Franzen, BF Counselor  
 Selina Baus, RN, BSN  
 Shawn Handfelt, CNA  
 Tracy Schildgen, RN, BSN

Ashley Sullivan, RN BSN  
 Cari Ehlen, RN  
 Erin Huebschman, Assoc Hospice Medical Director  
 Jamie Kreul, CNA  
 Katherine Reuter, Nurse Practitioner  
 Kim Martens, RN, BSN  
 Lindsay Hanson, RD, WIC Dietitian  
 MacKenzie Johll, Fiscal Clerk  
 Marlaina Frigo, RN, BSN  
 Mary Koenen, RN, BSN  
 Michelle Atterbury, DFC Contract Staff  
 Michelle Young, RN  
 Pam Strakeljahn, Hospice Spiritual Counselor  
 Robert Smith, Hospice Medical Director  
 Shannon Bartels, LTE CNA  
 Steve Straka, LTE Clerical  
 Troy Moris, RS